

Department of Employee Trust Funds
LOCAL HEALTH INSURANCE ADMINISTRATION MANUAL

CHAPTER 5 — MONTHLY REPORTING – ACTIVE EMPLOYEES

Users of the automated system for monthly reporting should refer to Chapter 12 – “Automated Monthly Reporting” instructions in place of this chapter.

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The following subchapters apply only to those new employers being assessed a surcharge. Employers without an assessed surcharge (i.e., a Surcharge Code of S01) can disregard these subchapters.

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501 Overview of Monthly Reports

Each month, employers must report the total number of contracts (by health plan) for their employees and remit the corresponding premium payments to ETF. It is extremely important that the monthly reporting forms are completed accurately to ensure the premium remittance is correct. For information on monthly reports for employer-paid annuitants, refer to Chapter 6.

To minimize errors, all data on the monthly reports must be either typewritten or legibly printed.

NOTE: Health plans and the Pharmacy Benefit Manager update eligibility records based on monthly additions, deletions, and change reports. Consequently, these reports must be accurate and complete. For example, an incorrect effective date can lead to difficulties in filling prescriptions.

The monthly reports for active employees consist of the following, listed in the order they would generally be completed:

- A. *Monthly Additions Report* (ET-2610) - Used to report new contracts for each health plan. (Refer to Subchapter 502.)
- B. *Monthly Deletions Report* (ET-2612) - Used to report contracts terminating from

each health plan. (Refer to Subchapter 503.)

- C. *Monthly Changes Report* (ET-2614) - Used to report changes in coverage—single to family and family to single—within each health plan. (Refer to Subchapter 504.)
- D. *Monthly Coverage Report* - Used to summarize the additions, deletions and changes in coverage within each health plan for that coverage month. Use the form corresponding to the program option in which your employer is currently enrolled. (Refer to Subchapter 505 for a listing of form numbers for the various program options.)
- E. *Health Insurance Summary* - Used to summarize the results of the *Monthly Coverage Reports* for that coverage month. Use the summary form corresponding to the program option in which your employer is currently enrolled. (Refer to Subchapter 506 for a listing of form numbers for the various program options.)

Each report is discussed in detail in the remaining sections of this chapter.

502 Completing the *Monthly Additions Report* (ET-2610)

The *Monthly Additions Report* is used to report any new contracts that have been added during the month. A separate report must be filed for each health plan, every coverage month for which there are contracts added. A completed application must also be attached to the report for each added contract.

To complete the *Monthly Additions Report*, enter the following information:

- A. Employer Name.
- B. Employer Number - The employer identification number (EIN) is the number given to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**9999-000**).
- C. Five-digit Group # - The first digit of the group number 7, followed by the four-digits preceding the “-000” in your EIN (e.g., **79999**).
- D. Plan # - Two-digit code identifying the health plan (carrier). It is sometimes referred to as the carrier code or plan suffix code. (Refer to the *Monthly Coverage Report* for the plan codes.)
- E. Deduction Month - N/A - The employer may use for internal purposes.
- F. Coverage Month - The month and year for which coverage is being reported.
- G. List employee last names—in alphabetical or social security number order—for each contract being added. Enter the following information as it appears on the completed and attached *Group Health Insurance Application* ET-2301):

1. Enrollment Type/Code -This code identifies the reason for submitting an application. (“Enrollment Type Code” field on the application.)
 2. Employee Type/Code - Enter the appropriate code. (Refer to Subchapter 1103.)
 3. Name Last, First, Middle I. - Employee name in alphabetical order by last name or in numeric order by social security number.
 4. Social Security No - List the employee’s social security number.
 5. Date of Hire or Re-hire - The month, day and year the employee began employment with the employer. For rehired employees, enter the rehire date. (From the “Date Employment Began field on the application.)
 6. (From) Plan Suffix, if applicable. The plan suffix code indicating the health plan in which the employee was previously enrolled. If this is the employee’s initial enrollment in the program, leave this field blank. (Refer to the *Monthly Coverage Report* for the plan suffix codes.)
 7. Effective Date - The month, day and year the coverage should be effective. (“Prospective Date of Coverage” field on the application.)
 8. Contract Type - Coverage code identifying single or family coverage (and Medicare if applicable). Where single coverage is selected, enter the coverage code in the “Single” column; where family coverage is selected, enter the coverage code in the “Family” column. (“Coverage Type Code” field on the application.)
 9. Premium Adjustment Previous Month(s), if applicable. Complete if the effective date is retroactive (i.e., prior to the coverage month being reported); otherwise leave blank.
 - a. Month - The month and year for any previous month(s) of coverage. For more than one previous month being reported, enter one month per line. For example, if the coverage month is May 2005, and the effective date for the addition is March 1, 2005, enter March 2005 on one line, and April 2005 on the next line.
 - b. Amount - Enter the premium amount for the previous month (one month per line) listed. (This will be a positive amount.)
- H. At the bottom of the report, total the Single and Family contract type columns and the Amount column. Post the totals to the *Monthly Coverage Report* as described in Subchapter 505.
- I. Attach “ETF Coverage Report Copy” of enrollment application for each contract listed on the additions report.

NOTE: When an employer initially joins the Wisconsin Public Employers Group Health Insurance program, all employees electing coverage must be listed on the *Monthly Additions Report*. In addition, when an employer changes program options, all employees electing coverage under the new program option by health plan must be listed on the *Monthly Additions Report* for the new program option and the *Monthly Deletions Report* (ET-2612) for the former program option.

Below are examples of common situations recorded on the sample *Monthly Additions Report* that follows:

Monthly Additions Report Examples

Enrollment Type	Description of Situation
02	Terrance Anderson is a newly hired employee. <i>(Premium adjustments must be made to make premiums current.)</i>
03	Jane Doe returned from a leave of absence during which coverage lapsed. <i>(Multiple premium deductions must be made to make premiums current.)</i>
08	Kelly Johnson did not apply for coverage during initial enrollment period. She is limited to the Standard Plan option with a 180-day waiting period for all pre-existing conditions.
12	Sondra Williams was deleted in error on a previous month's report; coverage is continuous. <i>(Multiple premium deductions must be made to make premiums current.)</i>
31	Andrea Rodgers transferred coverage from her spouse, Kenneth Rodgers. <i>(No adjustment for previous month is necessary if the effective date is coordinated so there is no duplication or lapse in coverage.)</i>
40	Maria Rodriguez switched health plans during Dual Choice. <i>(No adjustment for previous month is necessary as long as the assignment of effective date is coordinated so that no lapse in coverage occurs. Indicate the health plan from which the employee is transferring.)</i>
41	Katie Swanson transferred plans due to a residential move. <i>(Addition must be coordinated with the deletion of the other plan. Indicate the plan from which the employee transferred.)</i>
48	John Beckett returned from military leave of absence and resumed coverage.

Monthly Additions Report Sample

**GROUP HEALTH INSURANCE
MONTHLY ADDITIONS REPORT**
Wis. Stat. § 40.06

Department of Employee Trust Funds
801 W. Badger Road
P.O. Box 7931
Madison, Wisconsin 53707-7931

Employer Name		Employer Number	Group #	Plan #	Deduction Month	Coverage Month			
Town of ABC		69-036-1234-000	71234	A4		Feb. 2005			
Enrollment Type/Code	Employee Type/Code	Name Last, First, Middle I. ↓	Social Security No.	Date of Hire or Re-hire	(From) Plan Suffix	Effective Date	Contract Type		PREMIUM ADJUSTMENT PREVIOUS MONTH(S) Month Amount
							Single	Family	
02 06		Anderson, Terrence E. ↓	111-11-1111	11-8-04		12-1-04		02	Dec '04 1515.30 Jan '05 2242.90
48 06		Beckett, John J.	121-12-1212	7-24-95		2-1-05	01		
03 06		Doe, Jane E. ↓	232-23-2323	11-29-04		12-1-04	01		Dec '04 628.20 Jan '05 919.40
08 06		Johnson, Kelly A.	343-34-3434	3-15-04		2-1-05	01		
31 06		Rodgers, Andrea M.	454-45-4545	8-12-02		2-1-05		02	
40 06		Rodriguez, Maria A.	565-56-5656	2-11-02	39	1-1-05		02	Jan '05 2242.90
41 06		Swanson, Katie L.	678-67-6786	4-26-99	30	2-1-05		02	
12 06		Williams, Sandra J. ↓	787-78-7878	7-15-02		11-1-04	01		Nov '04 628.20 Dec '04 628.20 Jan '05 919.40
TOTAL ADDITION IN CONTRACTS									9,724.50

Post to Line 2 of the Monthly Coverage Report:

503 Completing the *Monthly Deletions Report* (ET-2612)

The *Monthly Deletions Report* is used to report any contracts that have been deleted from each health plan. A separate report must be prepared for each health plan, every coverage month for which there are deletions, and may have supporting documents attached to it.

The following is a list of common deletion situations, the date coverage ends for each activity/transaction, the form(s) required in addition to the deletion report, and applicable comments or instructions:

DELETION SITUATIONS

Activity/ Transaction	Effective Date	Form(s) Required	Adjustments/Refunds/Comments
Leave of Absence - Military	The last day of the month for which premiums are paid.		Employee may request refund of any premiums paid in advance by writing to the employer. The employer must receive the request on or before the last day of coverage to be eligible for a refund of the future month's premiums.
Employee Termination (See Chapter 7)	Covered as far as premiums have been paid.	<i>Continuation- Conversion Notice</i> (ET-2311)	Terminated employee is eligible for continuation or conversion if application is made to ETF within 60 days of the date of notice or within 60 days after coverage ends, whichever is later.
Death of Employee - Single Coverage	Date death occurred.		Refund any premiums paid in advance for coverage beyond the end of the month in which death occurred.
Death of Employee - Family Coverage	Coverage continues through the last day of the month for which premiums have been paid.	<i>Continuation- Conversion Notice</i>	Do not refund any premiums unless authorized by ETF.
Cancellation of Coverage	Coverage continues through the last day of the month for which premiums have been paid.	<i>Group Health Insurance Application</i> (ET-2301)	Employee must request a refund of premium in writing. The employer must receive the request on or before the last day of the coverage, in order for the employee to receive a refund for the following month. The request must be received on or before the last workday of the month.
Leave of Absence - Not Prepaid	Coverage continues through the last day of the month for which premiums have been paid.		Shown as deletion on following month's report.

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Activity/ Transaction	Effective Date	Form(s) Required	Adjustments/Refunds/Comments
Appeal of Dismissal – Deletion for employee choosing not to continue coverage during appeal.	Coverage continues through the last day of the month for which premiums have been paid.		Employees appealing dismissals may prepay premiums to the employer (without employer share) prior to a decision and are not deleted from coverage. If appeal is decided in employee's favor, the employer share for those months prepaid is to be refunded. (Refer to Subchapter 311.) Premium payments must be received at least 30 days prior to the coverage month.
Retirement – Employer elects <u>not</u> to pay any portion of continuing premium.	Coverage is continued without lapse upon retirement if an employee retires with an immediate annuity.*	<i>Employer Verification of Health Insurance Coverage.</i> (ET-4814)	ETF will coordinate coverage between active employment and annuitant status so that no lapse or duplication of coverage occurs.
Retirement – Employer pays some or all of continuing premium.	Coverage is continued without lapse. Employee becomes "Employer-Paid Annuitant".	<i>Group Health Insurance Transfer Report</i> (ET-1615)	Employee is deleted on Active employee coverage report and added to Employer-Paid Annuitant coverage report.
Transfer Between Spouses, or Health Plans	Coordinate transfer date so no duplication or lapse in coverage occurs.	<i>Group Health Insurance Application</i> (ET-2301)	Coordinate effective dates on the monthly reports with other spouse or health plan.
Divorced Spouse	End of the month in which divorce is entered or notification is received, whichever is later (Refer to Subchapter 703).	<i>Continuation-Conversion Notice and Group Health Insurance Application</i>	Coverage for stepchildren also ends. Divorced spouse and stepchildren are eligible for continuation or conversion if application is made to ETF within 60 days of the date of notice or with 60 days after coverage ends, whichever is later.
Grandchild	End of the month in which parent turns age 18	<i>Continuation-Conversion Notice and Group Health Insurance Application</i>	Grandchild is eligible for continuation or conversion if application is made to ETF within 60 days of the date of notice or with 60 days after coverage ends, whichever is later.

*This requirement is waived for employees who terminate after age 55, or 50 if protective occupation, with at least 20 years of WRS creditable service and do not begin an immediate annuity. An immediate annuity begins within 30 days of termination of employment.

To complete the *Monthly Deletions Report*, enter the following information:

- A. Employer Name.
- B. Employer Number - The EIN is the number given to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**9999-000**).
- C. Agency # - The first digit is the number 7, followed by the four-digits preceding the “-000” in your EIN (e.g., **79999**).
- D. Group/Carrier # - Two-digit code identifying the health plan (carrier). It is sometimes referred to as the carrier code or plan suffix code. (Refer to *Monthly Coverage Report*.)
- E. Deduction Month - N/A – The employer may use for internal purposes.
- F. Coverage Month - The month and year for which coverage is being reported.
- G. List employee last names--in alphabetical or social security number order--for each contract being deleted. Complete the following information:
 - 1. Enrollment Type/Code - The code identifies the reason for the deletion. (Refer to Subchapter 1104.)
 - 2. Employee Type/Code - Enter the appropriate code. (Refer to Subchapter 1103.)
 - 3. Name (Last, First, Middle I) - Employee name in alphabetical order by last name or in numeric order by social security number.
 - 4. Social Security No - List the employee’s social security number.
 - 5. Birthdate - The month, day and year of the employee’s date of birth.
 - 6. (To) Carrier Suffix, if applicable. The Carrier Suffix code (located on *Monthly Coverage Report*) indicating the health plan to which the employee is switching. If the employee is not switching health plans, leave this field blank.
 - 7. Event Date - The month, day and year of the event resulting in the termination of coverage (e.g., the last day of employment, date of divorce, date of death, etc.).
 - 8. Effective Date - The month, day and year following the last day of coverage. It is generally the first of the month.
 - 9. Contract Type - The coverage code identifying the type of coverage. If the contract was for single coverage, enter the coverage code in the “Single” column; if the contract was for family coverage, enter the coverage code in the “Family” column. (Refer to Subchapter 1102.)

10. Premium Adjustment Previous Month(s), if applicable. Complete if the effective date is retroactive (i.e., prior to the coverage month being reported); otherwise leave blank. Retroactive premium adjustments for months prior to January of the previous calendar year are prohibited.

Example: Employee terminates employment in October 2003 with a coverage end date of October 31, 2003. However, premiums are remitted in error until March 2005. A premium adjustment retroactive to January 2004 is allowed although adjustments for November and December 2003 are not.

- a. Month(s). Enter the month and year for the previous month(s) of coverage. If there is more than one previous month being reported for retroactive adjustment, enter one month per line. For example, if the coverage month is May 2005, and the effective date for the deletion is March 1, 2005, enter March 2005 on a line, and April 2005 on the next line.
 - b. Amount. Enter the premium amount for the previous month(s) listed. (This will be a negative amount.)
- H. At the bottom of the report, total the Single and Family contract type columns and the Amount column. Post the totals to the *Monthly Coverage Report* as described in Subchapter 505.

NOTE: When an employer changes program options, all employees that had elected coverage under the previous option must be listed on *the Monthly Deletions Report* and listed on the *Monthly Additions Report (ET-2610)* for the new program option.

Below are examples of situations that are recorded on the sample *Monthly Deletions Report* that follows:

Monthly Deletions Report Examples

Enrollment Type	Description of Situation
03	Jeanne Moore is on leave of absence and allows coverage to lapse.
09	Valerie Hughes voluntarily cancels coverage. (<i>Premiums paid in advance can be refunded if employer receives the written request by the end of the preceding month.</i>) Attach application indicating cancellation.
10	Jeffrey Andrews terminated employment and did not apply for WRS benefit.
11	Alan Goodman died; he had single coverage. (<i>Adjustment is made for refund of premiums paid beyond the month of death.</i>)
31	Kenneth Rodgers transferred to the contract of his spouse, Andrea Rodgers, a fellow employee. (<i>Transfer/deletion must be coordinated with transfer/addition (change) on spouse's contract.</i>)

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40	Robin Michaels switched to another health plan during Dual-Choice. (<i>Indicate health plan to which employee is transferring and list the employee on the Monthly Additions Report for that health plan.</i>)
48	Shelby Jackson begins a military leave of absence. (<i>Premiums paid in advance can be refunded if employer receive a written request by the 20th of the month before the month to be refunded.</i>)
50	Thomas Smith retired. (<i>If retired employee is coded "10" rather than "50" conversion material will be incorrectly sent by the health plan. This could result in annuitant not having correct insurance coverage.</i>)

Monthly Deletions Report Sample

GROUP HEALTH INSURANCE MONTHLY DELETIONS REPORT <small>Wis. Stats. § 40.06, 40.51 (7)</small>										Enrollment Indicator 4		
Employer Name Town of ABC		Employer Number 69-036-1234-000		Agency # 71234		Group/Carrier # A4		Deduction Month 		Coverage Month Feb. 2005		
Name (Last, First, Middle I.) EMPLOYEE		Social Security No. 		Birthdate 		(To) Carrier Suffix 		Event Date 		Effective Date 		
Type/Code 		Type/Code 		Type/Code 		Type/Code 		Type/Code 		Type/Code 		
10	06	Andrews, Jeffrey W.	012-34-5678	7-10-64				12-31-04	1-1-05	01	Jan '05 (919.40)	
11	06	Goodman, Alan L.	123-45-6789	9-15-52				11-12-04	12-1-04	02	Dec '04 (1515.30)	
		↓									Jan '05 (2242.90)	
09	06	Hughes, Valerie K.	234-56-7890	2-15-72				1-31-05	2-1-05	02		
48	06	Jackson, Shelby L.	345-67-8901	8-29-75				1-17-05	2-1-05	01		
40	06	Michaels, Robin E.	456-78-9012	6-30-61	22				1-1-05	02	Jan '05 (2242.90)	
03	06	Moore, Jeanne A.	567-89-0123	4-21-68				1-10-05	2-1-05	02		
31	06	Rodgers, Kenneth T.	678-90-1234	1-27-63					2-1-05	02		
50	06	Smith, Thomas M.	789-01-2345	2-2-50				1-21-05	2-1-05	02		
TOTAL DECREASE IN CONTRACTS										2	6	(6920.50)

504 Completing the *Monthly Changes Report* (ET-2614)

The *Monthly Changes Report* is used to report coverage changes (family to single/single to family) within each health plan. A separate must be prepared for each health plan, every coverage month for which there are changes, and should have applications or other supporting documents attached to it. Changes affecting the level of coverage must be reported on the *Group Health Insurance Application* (ET-2301).

NOTE: A change in coverage does not create an opportunity to switch health plans. (The Dual-Choice Enrollment period is one exception to this. For Dual Choice elections resulting in a change in coverage and a switch in health plans, do not utilize the *Monthly Changes Report*. Instead, you must report the deletion on the *Monthly Deletions Report* (ET-2612) for the health plan for which coverage is being deleted, and report the addition on the *Monthly Additions Report* (ET-2610) for the health plan for which coverage is being added.)

The following is information on common change situations, which must be reported using the *Group Health Insurance Application* and included on the *Monthly Changes Report*.

COVERAGE CHANGE SITUATIONS

Activity/ Transaction	Effective Date	Adjustments/Refunds/Comments
Death of Sole Dependent	Single coverage takes effect first day of month following death.	Refund difference between family premium and single premium retroactive to effective date. Retroactive refunds are not allowed for coverage months prior to the beginning of the previous calendar year.
Marriage (Employee)	When first becoming eligible for family coverage, effective the date of marriage if application received within 30 days of marriage. OR First day of month following receipt of application.*	If marriage took place on or before the 15th of the month, a family premium is due for that month. If marriage took place on or after the 16th of the month, a family premium is not due until the following month. Collect difference between single premium and family premium retroactive to effective date.

Activity/ Transaction	Effective Date	Adjustments/Refunds/Comments
Divorce	First day of month following date divorce is entered or notification is received, whichever is later.	<p>If divorced spouse was the sole dependent, employee's single coverage is effective on the first of the month following divorce decree or notification. Refund difference in premium retroactive to effective date. An employee's divorced spouse and stepchildren are eligible for continuation-conversion of coverage if an application is received by ETF within 60 days of the date of notice or within 60 days after coverage ends, whichever is later (see Chapter 7).</p> <p>Dependent children of a divorced employee are eligible for coverage under the employee's family contract even if the children reside elsewhere or are supported by the divorced spouse.</p>
Adding newborn dependent when single coverage is in force	Date of birth if application is received within 60 days of the birth. <p style="text-align: center;">OR</p> First day of month following receipt of application.*	If the date of birth falls on or before the 15th of the month, a full family premium is due for that month. If the date of birth falls on or after the 16th of the month, a full family premium is not due until the next month.
*An application to change from Single to Family coverage, filed within 30 days (60 days for birth or adoption) after first becoming eligible for family coverage, is effective retroactive to the date the event (e.g., marriage, etc.) occurred. If filed later, coverage is effective the first of the month following receipt of the application and is limited to the Standard Plan, with a 180-day waiting period for pre-existing conditions for newly added dependents.		

Enter the following information to complete the *Monthly Changes Report*:

- A. Employer Name.
- B. EIN - EIN is the number given to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**9999-000**).
- C. Agency No - Leave this field blank.
- D. Group No - The first digit is the number 7, followed by the four-digits preceding the "-000" in your EIN (e.g., **79999**).
- E. Carrier Suffix - Two-digit code identifying the health plan (carrier). It is sometimes referred to as the carrier code or plan suffix code. (Refer to the *Monthly Coverage Report* for plan codes.)
- F. Deduction Month - N/A – Employers may use for internal purposes.

- G. Coverage Month - The month and year for which coverage is being reported.
- H. List employee last names--in alphabetical or social security number order--for which coverage is changing and complete the following information:
1. Enrollment Type - This code identifies the reason for the deletion. ("Enrollment Type Code" field on the application.)
 2. Employee Type - Enter the appropriate code. (Refer to Subchapter 1103.)
 3. Name Last, First, Middle I - Employee name in alphabetical order by 1st name or in numeric order by social security number.
 4. Social Security No - List the employee's social security number.
 5. Effective Date of Change - The month, day and year the change in coverage is effective.
 6. Type of Contract.
 - a. From - Enter the coverage code under the column indicating the type of coverage from which the employee is switching.
 - b. To - Enter the coverage code under the column indicating the type of coverage to which the employee is switching. ("Coverage Type Code" field on the application.)
 7. Premium Adjustment Previous Month(s), if applicable. Complete if the effective date is retroactive (i.e., prior to the coverage month being reported); otherwise leave blank.
 - a. Month - Enter the month and year for the previous month(s) of coverage. If there is more than one previous month being reported for retroactive adjustment, enter one month per line. For example, if the coverage month is May 2005, and the effective date for the coverage change is March 1, 2005, enter March 2005 on one line, and April 2005 on the next line.
 - b. Amount - Enter the premium amount for the previous month(s) listed. In computing adjustment amounts when changing from single to family or family to single, calculate the difference between the total single premium and the total family premium, and either add or subtract that difference for each month that requires an adjustment. If the premium adjustment amount is to be decreased, post it in parentheses.

For example, using 2005 rates for Standard Plan: Balance of State:

\$2,242.90 Family

- 919.40 Single
\$1,323.50 Adjustment

- I. At the bottom of the report, total the From and To contract type columns and the Amount column. As described in Subchapter 505, post the totals to the *Monthly Coverage Report*. If the total premium adjustment amount is negative, post the total in parentheses.

Below are examples of situations that are recorded on the *sample Monthly Changes Report* that follows:

Monthly Changes Report Examples

Enrollment Type	Description of Situation
43	Tyler Knot changed from single to family coverage due to marriage on the 16 th of the previous month. <i>(Date of marriage was after the 15th of the month; therefore, premium for January remains the single coverage rate.)</i>
43	Rochelle Thompson changed from single to family coverage due to marriage on the 14 th of the previous month. <i>(Date of marriage was on or before the 15th of the month; therefore, premium for January is the family coverage rate.)</i>
44	George Miller changed from family to single coverage due to death of his spouse on the 18 th of the previous month.
44	On November 14 th , Sarah Taylor reported that her divorce was final on October 28 th ; there are no other eligible dependents. <i>(Provide the Continuation-Conversion Notice (ET-2311) to the ex-spouse.)</i>
45	Edward Daniels voluntary changed from family to single coverage as the dependent(s) remains eligible.
66	Error made on December coverage report. Rosalie Hernandez reported for incorrect type of contract. Adjustment is made for the difference in the two months' premium. <i>(Attach memo from ETF authorizing correction.)</i>

Monthly Changes Report Sample

GROUP HEALTH INSURANCE
MONTHLY CHANGES REPORT
Wis. Stat. § 40.06

Department of Employee Trust Funds
801 W. Badger Road
P.O. Box 7931
Madison, Wisconsin 53707-7931

Employer Name		EIN	Agency No.	Group No.	Carrier Suffix	Deduction Month	Coverage Month										
Town of ABC		1234-000		71234	A4		Feb 2005										
Enrollment Type	Name Last, First, Middle I.	Social Security No.	Effective Date of Change	TYPE OF CONTRACT										PREMIUM ADJUSTMENT PREVIOUS MONTH(S) Month Amount			
				FROM			TO			Medicare Supplemental							
				Regular Plan	Medicare Supplement	Regular Plan	Medicare Supplement	Single	Family	Grad Single	Grad Family	Single Med.	2 Med. Elig.	1 Med. Elig.			
45 06	Daniels, Edward L.	987-65-4321	2-1-05	02				01									
66 06	Hernandez, Rosalie	876-54-3210	12-1-04						02						Dec'04	887.10	
	↓														Jan '05	1323.50	
43 06	Knot, Tyler R.	765-43-2109	1-16-05						02								
44 06	Miller George E.	654-32-1098	2-1-05	02				01									
44 06	Taylor, Sarah A.	543-21-0987	12-1-04	02				01							Dec'04	(887.10)	
	↓														Jan '05	(1323.50)	
43 06	Thompson, Rachelle L	432-10-9876	1-1-05	01					02						Jan '05	1323.50	
TOTAL CHANGES (Post to Monthly Coverage Report: Decreases to Line 5, increases to Line 4)				33				33									1323.50
				(LINE 5 – DECREASE)				(LINE 4 – INCREASE)									

505 Completing the *Monthly Coverage Report*

The *Monthly Coverage Report* is used to summarize the net change in coverage for each reporting month based on the monthly additions, monthly deletions, and monthly changes reports for each health plan in which employees are enrolled.

NOTE: This section applies to employers who do not have a surcharge (i.e., Surcharge Code is S01). Employers that have a surcharge (i.e., Surcharge Code is S02 – S22) should refer to Subchapter 511 for information about completing the *Monthly Coverage Report*.

MONTHLY COVERAGE REPORT FORM NUMBERS – ACTIVE EMPLOYEES*

Program Option Code	Program Option Description	Form Number
P02	Traditional HMO/Classic Standard Plan	ET-1630
P03	Traditional HMO/Standard PPP	ET-1643
P04	Deductible HMO/Deductible Standard Plan	ET-1647
P05	Deductible HMO/Deductible Standard PPP	ET-1648

When completing the *Monthly Coverage Report*, employers should first verify that they are utilizing the correct form (provided by ETF) for the program option in which they are enrolled. Enter the following information to complete the *Monthly Coverage Report*.

- A. Employer No. (EIN) - The number given to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**9999-000**).
- B. Deduction Month - N/A - Employers may use for internal purposes.
- C. Coverage Month - The month and year for which coverage is being reported.
- D. Suffix - Two-digit code that identifies the health plan (carrier), being reported. It is sometimes referred to as the carrier code or plan suffix code.
- E. Employer Name.
- F. Group No - The first digit is the number 7, followed by the four-digits preceding the “-000” in your EIN (e.g., **79999**).
- G. **Line 1, Contracts in Effect Last Month** - Number brought forward from Line 6 of the previous month’s *Monthly Coverage Report*.
- H. **Line 2, Additions Report: (+)** - Post the total counts from *the Monthly Additions Report* (ET-2610) in the appropriate contract type column. Put a dash (-) in the field if there are no additions to report.
- I. **Line 3, Deletions Report: (-)** - Post in parentheses the total counts from the *Monthly Deletions Report* (ET-2612) in the appropriate contract type column. Put a dash (-) in the field if there are no deletions to report.
- J. **Line 4, Changes Report: “To” (+)** - Post the total counts from the To column of

the *Monthly Changes Report* in the appropriate contract type column. Put a dash (-) in the field if there are no “To” changes to report.

- K. **Line 5, Changes Report: “From” (-)** - Post in parentheses the total counts from the From column of the *Monthly Changes Report* in the appropriate contract type column. Put a dash (-) in the field if there are no “From” changes to report.
- L. **Line 6, Contracts in Effect This Month** - Add the numbers in Lines 1 through 5 of the column, except for those numbers in parentheses. Then subtract the numbers in parentheses (deletions). Post the total in the appropriate contract type column.
- M. **Line 8, Subtotals (No. of Contracts x Premiums)** - Multiply the number of contracts on Line 6 by the premium rate shown for the health plan in Line 7.
- N. **Line 9, Subtotal** - The sum of the amounts in Line 8.
- O. **Line 10, Adjustments** - Calculate the total net adjustments from the monthly additions, deletions and changes reports by adding the amount from the total line of the additions report, subtracting the amount from the total line of the deletions report and adding/subtracting the amount from the total line on the changes report. The result can be a positive or negative amount. If it is a negative amount, post it in parentheses.

NOTE: ETF will notify the employer via a telephone call, e-mail or memo when an adjustment is needed because of a reporting error. These corrections should be included on the next monthly report, using a copy of the e-mail or memo as a supporting document. No retroactive adjustments will be made for coverage prior to the beginning of the previous calendar year.

- P. **Line 11, Grand Total** - The sum of Lines 9 and 10. (Remember to subtract Line 10 from Line 9 if Line 10 is a negative amount shown in parentheses.)
- Q. **Line A,** The total employee share of the premiums.
- R. **Line B,** The total employer share of the premiums.
- S. **Line C,** The sum of Lines A and B. **The amount in Line C must equal the Grand Total on Line 11.** Post the amounts from Lines A, B and C on the *Health Insurance Summary* as described in Subchapter 506.

NOTE: For reporting purposes, adjustments must be broken down between the employee and employer share.

EXAMPLE: An employee changes from single to family contract under the Standard Plan: Balance of State. An adjustment for the difference in premiums is required, which would be shown in the Premium Adjustment column of the *Monthly Changes Reports*.

1. Using the 2005 rates for Standard Plan: Balance of State, the premium adjustment would be calculated by taking the difference between the single premium and the family premium.

\$2,242.90 Family
- 919.40 Single
\$1,323.50 Total Adjustment

2. The *Monthly Coverage Report* requires a breakdown of the employer and employee share of any premium adjustment.

In this example, the employer pays 80% of the health insurance premium, with the employee paying the remaining 20%. To determine the employee/employer breakdown, multiply the total premium adjustment obtained in Step 1 by the corresponding percentage:

Employer Share: \$1,323.50 x 80% = \$1,058.80
Employee Share: \$1,323.50 x 20% = \$264.70

3. Double-check your adjustment figures for accuracy by adding the employee share adjustment and the employer share adjustment; the sum should match the adjustment on the *Monthly Changes Report*.

\$ 264.70 Employee Share Adjustment
+1,058.80 Employer Share Adjustment
\$1,323.50 Total Adjustment

4. Make the necessary adjustment to the employee and employer share amounts for the appropriate health plan on the *Monthly Coverage Report*.

- T. Date (MM/DD/CCYY) - The date the report was completed.
- U. Prepared By - The signature of the person who prepared the report.
- V. Telephone - The telephone number of the person who prepared the report.
- W. Check the box indicating whether the Tiering or 105% method is used for determining the employer contribution share (Refer to Subchapter 302).
- X. Attach the monthly additions, deletions and changes reports for the health plan along with any supporting documentation. (Refer to Subchapter 507 for more information about assembling the reports upon completion.)

NOTE: The coverage types of Single Medicare, Family Medicare–2 and Family Medicare-1 are not listed on the *Monthly Coverage Report* for active employees because active employees are not eligible for the Medicare reduced rates.

Following is a completed sample *Monthly Coverage Report* based on the information from the sample additions, deletions and changes reports in this chapter.

Monthly Coverage Report Sample

Employee Trust Funds
Group Health Insurance

**WPE TRADITIONAL HMO/CLASSIC STANDARD
PLAN PGM OPT P02 & SRCHG S01
2005 MONTHLY COVERAGE REPORT**

Employer No. (EIN) 69-036- 1234-000	Deduction Month	Coverage Month Feb 2005	Suffix A4
Employer Name Town of ABC		Group No. 71234	
Single Contracts		Family Contracts	
1. Contracts in Effect Last Month:		3	
2. Additions Report: (+)		4	
3. Deletions Report: (-)		(2)	
4. Changes Report: "To" (+)		3	
5. Changes Report "From": (-)		(3)	
6. Contracts in Effect This Month:		5	
7. Plan	Suffix		
Standard – Dane	A1	979.40	2392.80
Standard – Milwaukee	A2	1060.70	2596.10
Standard – Waukesha	A3	1060.70	2596.10
Standard – Wisconsin	A4	919.40	2242.90
State Maintenance Plan (SMP)	A5	644.40	1545.10
CompCareBlue Southeast	.11	519.70	1280.80
CompCareBlue Northwest	.13	520.80	1283.50
CompCareBlue Northeast	.14	500.40	1232.60
Dean Health Plan	.15	367.40	900.10
CompCareBlue – Aurora/Family	.16	479.60	1180.60
Humana – Eastern	.21	534.00	1316.60
Humana – Western	.22	575.40	1420.10
GHC – Eau Claire	.30	547.70	1350.80
GHC – South Central	.35	378.50	927.80
Gundersen Lutheran	.37	505.40	1245.10
Atrium Health Plan	.39	577.60	1425.50
Unity – Community	.40	459.80	1131.10
Prevea Health Plan	.47	478.70	1178.30
Health Tradition	.55	503.50	1240.30
Medical Associates HMO	.63	431.60	1060.50
MercyCare Health Plan	.64	387.10	949.30
Valley Health Plan	.65	521.80	1292.80
Network – Fox Valley	.70	490.50	1207.80
Physicians Plus	.74	379.10	929.30
Unity – UW Health	.92	369.20	904.60
UnitedHealthcare	.94	419.20	1029.50
8. Subtotals (No. of Contracts x Premiums)	8a	4,597.00	8b 20,186.10
A. Employee Share =	5,221.30	** (Line 8a + Line 8b)	
B. Employer Share =	20,885.30	9. Subtotal 24,783.10	
C. Total* (Lines A + B) =	26,106.60	10. Adjustments 1,323.50	
		11. Grand Total* 26,106.60	

* NOTE: Figure entered on line C must equal figure entered on line 11.
** NOTE: Figure entered must correspond to this plan's entry on the summary.

Date (MM/DD/CCYY) 1/19/2005	Prepared By Betty Lou Payroll	Telephone 715-123-4567
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Check the type of employer contribution: ☐ Tiering ☒ 105%

506 Completing the *Health Insurance Summary*

The *Health Insurance Summary* is used to report total premiums by employee share and employer share, for each health plan summarizing the results of the *Monthly Coverage Reports* for each coverage month.

NOTE: This section applies to employers who do not have a surcharge (i.e., Surcharge Code is S01). Employers that have a surcharge (i.e., Surcharge Code is S02 – S22) should refer to Subchapter 511 for information about completing the *Health Insurance Summary*.

HEALTH INSURANCE SUMMARY FORM NUMBERS – ACTIVE EMPLOYEES

Program Option Code	Program Option Description	Form Number
P02	Traditional HMO/Classic Standard Plan	ET-1631
P03	Traditional HMO/Standard PPP	ET-1652
P04	Deductible HMO/Deductible Standard Plan	ET-1649
P05	Deductible HMO/Deductible Standard PPP	ET-1650

When completing the *Health Insurance Summary*, employers should first verify that they are utilizing the correct form (provided by ETF) for the program option in which they are enrolled. To complete the *Health Insurance Summary*, enter the following information:

- A. Employer Name.
- B. Employer No. (EIN) - The number given to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**9999-000**).
- C. Coverage Month - The month and year for which coverage is being reported.
- D. Plan - For each health plan in which employees are enrolled, enter the amount of employee share and employer share of the premium and total premium for the contracts for the health plan, as computed on Lines A, B, and C or 11 respectively of the corresponding *Monthly Coverage Report*.
- E. Subtotal Alt. Health - The sum of the amounts entered in each column for the health plans.
- F. Enter the amount of employee and employer share of the premium and total premium for the contracts for the Standard Plans and SMP, as computed on Lines A, B, and C or 11 respectively of the corresponding *Monthly Coverage Report*.
- G. Subtotal Std. Health - The sum of the amounts entered in each column for the Standard Plans and SMP.
- H. Grand Totals - The sum of the amounts calculated in the Subtotal Alt. Health and Subtotal Std. Health rows.
- I. Date (MM/DD/CCYY) - The date the report was completed.

Prepared By - The signature of the person who prepared the report.

- J. Telephone - The telephone number of the person who prepared the report.
- K. Submit this form along with the other monthly reports as described in Subchapter 507. Include a check for the amount shown in the Total column of the Grand Totals row - the total premium for all the health plans reported.

Following is a sample *Health Insurance Summary* completed based on the information from the sample *Monthly Coverage Report* in this chapter.

Health Insurance Summary Sample

Department of Employee Trust Funds
801 W. Badger Road, Madison, WI 53702-0011

**WPE TRADITIONAL HMO/CLASSIC STANDARD PLAN
PGM OPT 02 & SRCHG S01
HEALTH INSURANCE SUMMARY – 2005**

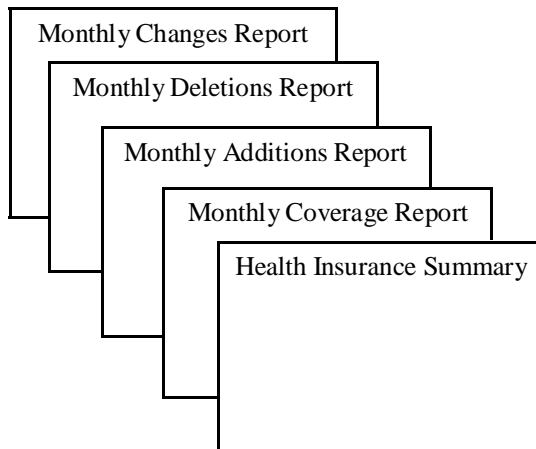
EMPLOYER NAME		EMPLOYER NO. (EIN)	COVERAGE MONTH	
Town of ABC		69-036-1234-000	Feb. 2005	
PLAN	SUFFIX NO.	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL
CompcareBlue Southeast	.11			
CompcareBlue Northwest	.13			
CompcareBlue Northeast	.14			
Dean Health Plan	.15			
CompcareBlue – Aurora/Family	.16			
Humana – Eastern	.21			
Humana – Western	.22	683.10	2,732.50	3,415.60
GHC - Eau Claire	.30	379.70	1,518.80	1,898.50
GHC - South Central	.35			
Gundersen Lutheran	.37			
Atrium Health Plan	.39	516.10	2,064.60	2,580.70
Unity-Community	.40			
Prevea Health Plan	.47			
Health Tradition	.55			
Medical Associates HMO	.63			
MercyCare Health Plan	.64			
	.65			
Network - Fox Valley	.70			
Physicians Plus	.74			
Unity - UW Health	.92			
UnitedHealthcare	.94			
SUBTOTAL ALT. HEALTH		1,578.90	6,315.90	7,894.80
Standard – Dane	.A1			
Standard – Milwaukee	.A2			
Standard – Waukesha	.A3			
Standard – Wisconsin	.A4	5,221.30	20,885.30	26,106.60
State Maintenance Plan (SMP)	.A5			
SUBTOTAL STD. HEALTH		5,221.30	20,885.30	26,106.60
GRAND TOTALS		6,800.20	27,201.20	34,001.40

The circled parts of the form may vary,
depending on the form number used.

Date (MM/DD/CCYY) 1/19/2005	Prepared By Betty Lou Payroll	Telephone 715-123-4567
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507 Assembly of Health Insurance Reports

To ensure prompt and efficient processing of reports by ETF and health plans, it is important to assemble your reports into the following two distinct sets:



A. ETF set (in the following order):

1. The *Health Insurance Summary* with the check attached to the front.
2. *Monthly Coverage Reports* for each health plan indicated on the *Health Insurance Summary* in the order that health plans appear on the *Health Insurance Summary*. Any corresponding monthly reports should be attached (stapled in the upper left corner) to the *Monthly Coverage Report* in the following order:
 - a. *Monthly Additions Report* (ET-2610) and *Group Health Insurance Application* (ET-2301) for each addition in the order they appear on the additions report.
 - b. *Monthly Deletions Report* (ET-2612) and supporting documents.
 - c. *Monthly Changes Report* (ET-2614) and applications and/or supporting documents.

B. Health Plan set (in the following order):

1. A photocopy of the *Health Insurance Summary* with your check stub or a photocopy of the check stapled behind it.
2. Photocopies of the *Monthly Coverage Reports* for each health plan indicated on the *Health Insurance Summary* in the order that health plans appear on the *Health Insurance Summary*. Any corresponding reports with supporting documentation should be attached (stapled in the upper left corner) to the *Monthly Coverage Report* in the following order:
 - a. *Monthly Additions Report*

b. *Monthly Deletions Report*

c. *Monthly Changes Report.*

Send both sets of reports to ETF. ETF will send the health plan their set.

508 Premium Remittance

- A. Make your remittance check payable to “Employee Trust Funds” and clearly indicate the amount of the check along with the coverage month and year.

NOTE: The check amount should include premiums collected from employees in a prepayment situation, such as on layoff, leave of absence or appealing a discharge. (Refer to Chapter 3 for more information.)

- B. Due Date

All group health insurance monthly **reports** and **remittances** are due in the ETF office on or before 4:30 p.m. on the **20th** day of the month preceding the month of coverage. Whenever the 20th day falls on a Saturday, Sunday or holiday on which state offices are closed, the report is due by 4:30 p.m. on the next working day.

EXAMPLE: The March 2005 (coverage month) report is due in ETF on Monday, February 21, 2005, which is the next working day following the 20th.

- C. Interest Charge for Late Filing

Interest shall be charged on all **reports** and **remittances** received at ETF after the due date, at a rate of 0.04% for each day from the due date to the date actually received by ETF. There are no exceptions. The minimum charge is \$3.00. Wis. Stat. § 40.06(3), sets forth this requirement. ETF staff members do not have the authority to waive late interest charges.

- D. Submitting Remittances and Reports

1. To ensure that your reports and remittances are **received** timely, you are encouraged to mail them at least five working days prior to the designated due date to reduce the likelihood of assessment of late filing charges. If remittances and reports are mailed through U.S. Mail or express mail carriers, address the envelope as follows:

Department of Employee Trust Funds
Financial Operations
PO Box 7931
Madison WI 53707-7931

2. Reports and remittances which are delivered directly to ETF must be received prior to 4:30 p.m. on or before the designated due date. Dated receipts will be issued upon request for hand-delivered reports. If reports and remittance are being hand-delivered, please address the envelope as follows:

Financial Operations
Division of Trust Finance & Employer Services
801 W Badger Road
Madison WI 53702

and deliver it to:

Department of Employee Trust Funds
Supply & Mail Services
801 W Badger Road
Madison WI 53702

509 Credits

Retroactive credits are not allowed for coverage months prior to the beginning of the previous calendar year. The exception is when the employee terminates employment and the employer continues to make premium payments, in which case, retroactive credits will be limited to two months of premiums paid.

510 New Employer Surcharge

Effective January 1, 2005, employers with 100 or more WRS active employees who join the Group Health Insurance program must go through the underwriting process. In the event the Group Insurance Board's actuary determines the employer's risk to be detrimental to the existing risk pool of the program, a surcharge will be assessed for a minimum of the first 18 months and a maximum of the first 27 months of participation in the program. The surcharge is a per-contract, per-month charge added to the premium amount for the program option selected. ETF assigns a surcharge code identifying the assessed amount.

This surcharge applies to all contracts with the exception of the Medicare – Family 2 coverage. The employer is responsible for communicating the assessed surcharge amount to its employees, annuitants (retirees), and continuants.

511 Surcharge Monthly Reports

Each month, employers must report to ETF the total number of health insurance contracts by health plan for their employees. Monthly reports must be accurate and complete to ensure correct premium remittance and proper coverage.

Monthly reports consist of the following (listed in the order they would generally be

completed):

- A. *Monthly Additions Report* (ET-2610) used to report new contracts for each health plan. (Refer to Subchapter 502 for instructions on completing the report.)
- B. *Monthly Deletions Report* (ET-2612) used to report contracts terminating from each health plan. (Refer to Subchapter 503 for instructions on completing the report.)
- C. *Monthly Changes Report* (ET-2614) used to report changes in coverage—single to family and family to single--within each health plan. (Refer to Subchapter 504 for instructions on completing the report.)

NOTE: You must account for the surcharge amount when calculating adjustments to the premium.

EXAMPLE: An employee changes from single to family coverage under the Standard Plan: Balance of State. The employer has a surcharge amount of \$40 for a single contract and \$100 for a family contract. An adjustment for the difference in premiums is required—enter in the Premium Adjustment column of the *Monthly Changes Reports*.

- 1. Using the 2005 rates for Standard Plan: Balance of State, the premium adjustment is calculated by taking the difference between the single premium and the family premium.

$\$2,342.90$ Family (\$2,242.90 premium + \$100 surcharge)
- 959.40 Single (\$919.40 premium + \$40 surcharge)
 $\$1,383.50$ Total Adjustment

- 2. The *Monthly Coverage Report* requires a breakdown of the employer and employee share of any Premium Adjustment and must account for any surcharge.

In this example, the employer pays 80% of the health insurance premium, with the employee paying the remaining 20%. To determine the employee/employer breakdown, multiply the Total Premium Adjustment obtained in Step 1 by the corresponding percentage:

Employer share: $\$1,383.50 \times 80\% = \$1,106.80$
Employee share: $\$1,383.50 \times 20\% = \276.70

- 3. Double-check your adjustment figures for accuracy by adding the employee share adjustment and the employer share adjustment; the sum should match the adjustment on the *Monthly Changes Report*.

$\$ 276.70$ Employee Share Adjustment
 $+1,106.80$ Employer Share Adjustment
 $\$1,383.50$ Total Adjustment

- D. *Monthly Coverage Report*. ETF supplies employers with *Monthly Coverage Reports*

listing the premium amount (including the assessed surcharge, if any). (Refer to Subchapter 505 when completing the *Monthly Coverage Report*.)

- E. *Health Insurance Summary*: ETF supplies employers with *Health Insurance Summaries* for the designated Surcharge Code. (Refer to Subchapter 506 when completing the *Health Insurance Summary* and include the surcharge when indicating employer and employee contribution shares.)

Assemble the reports as described in Subchapter 507 and submit the premium remittance and reports as described in Subchapter 508.